ANNUAL REPORT

for the fiscal year
ending March 31, 1991

Department of Health and Fitness

To His Honour,
The Honourable Lloyd Crouse, P.C.
Lieutenant-Governor of Nova Scotia

Sir:

I beg to present herewith the annual report of the Department of Health and Fitness for the year ending March 31, 1991.

I have the honour to be, Sir,

Your most obedient servant,

George Moody

George C. Moody,
Minister of Health and Fitness

To the Honourable George C. Moody,
Minister of Health and Fitness,
Province of Nova Scotia

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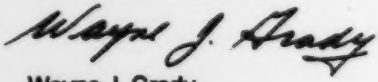

Wayne J. Grady,
Deputy Minister

92-03914/

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INTRODUCTION

This report is a summary of highlights of 1990-91 for the Department as well as a summary of some key activities of its divisions.

For the fiscal year 1990-91 the Department of Health and Fitness organized its major functions and support services as outlined below.

DEPUTY MINISTER

Administrator	–	Health Care Institutions
Administrator	–	Psychiatric Mental Health Services
Administrator	–	Community Health Services
Administrator	–	Finance
Administrator	–	Systems, Research and Planning
Director	–	Vital Statistics
Director	–	Personnel

Legal Counsel

HOSPITAL AND MENTAL HEALTH PROGRAMS

HEALTH CARE INSTITUTIONS DIVISION

The division is responsible for the Department's programs and services to health care institutions. The principal functions of the division include:

- monitoring of general hospital operations and standards
- review of availability, accessibility of hospital services by the community
- hospital services planning
- review and evaluation of hospital staffing
- hospital staff training and development
- hospital planning and construction
- budget review and monitoring of approved hospital expenditures
- provision of consultant services to hospitals

The province, for the purposes of planning and reviewing hospital services, is divided into six regions. One regional director covers the hospitals and centres in each of four regions. The four directors share the responsibility for the Halifax region, which includes the Halifax Metro area.

Team visits were made to Yarmouth Regional Hospital, Cancer Treatment and Research Foundation, and Annapolis General Hospital during this period. Team visits begin with a review and clarification of hospital performance on a department-by-department basis. During the visit the Department of Health and Fitness is represented by the administrator, the regional director, and the staff consultants from the Health Care Institutions, Finance, and Systems Research and Planning Divisions. The hospital administrator, department heads, and board members and medical staff usually attend all or part of the sessions. These visits continue to be well received since they assist in clarifying the hospital's role and in identifying problem areas, and they provide an open forum for discussion and understanding between the Department of Health and Fitness and the hospital.

Individual visits by regional directors and consultants continued throughout the year on a regular basis and also in response to requests where problems had been identified by the hospital or the Department of Health and Fitness or both. Every effort is made to keep close contact with hospitals so that a clear understanding of the situations faced by hospitals and the Department is maintained and problems are resolved.

Following an extensive review by the Department of Health and Fitness, the Report of the Committee of Inquiry into Caesarean-Section Rates in Nova Scotia was issued in July 1990. The primary objectives of the report were:

a) to safely lower the caesarean-section rate in Nova Scotia,

b) to develop a strategy which ensures that competent intra-partum nursing and medical care is available at each hospital appropriate to the level of maternity care,

c) to assist clinicians, institutions, and obstetrical referral regions in developing policies related to dystocia and vaginal birth after caesarean-section which are based on safe, flexible guidelines,

d) to insure ongoing monitoring of these objectives and subsequent trends in Nova Scotia's caesarean-section rate.

The Department continued to implement a province-wide Nursing Workload Measurement System, which started in October 1988. Nineteen hospitals with over 100 beds were selected for implementation. In addition, two medium community hospitals were selected for the purpose of determining the practicality of implementing the system in medium community hospitals. Hospital groupings were organized by the Department of Health and Fitness based mainly on geographical considerations. Following completion of the implementation stage in September 1991, 23 hospitals will be on the system. Following that date, a new committee representing the hospitals and the Department of Health and Fitness will begin the task of ensuring that the Nursing Workload Measurement System utilizing G.R.A.S.P. methodology, is maintained in all 23 hospitals.

Facilities Planning and Construction

A number of hospitals are planning or are completing improvements to their facilities.

Construction was completed for:

Colchester Regional Hospital - Nuclear Medicine (addition)
Sydney Community Health Centre - 3rd and 5th floor (renovations)

Construction started on the following hospitals:

Cape Breton Regional Hospital
New Waterford - Pediatric Day Hospital - ground floor (renovations)

Sydney City Hospital
Emergency/Out-patient Department/
Central Sterilizing Room (renovations)

Northside Harbour View
3rd and 4th floor Laboratory Ventilation (renovation)

Construction continued on:

Grace Maternity Hospital
Valley Health Services Association

Design modifications progressed on:

Camp Hill Medical Centre - Halifax Infirmary

A modern biomedical waste incinerator was installed at the Victoria General Hospital. This incinerator is designed to dispose of biomedical waste generated at the Victoria General Hospital, all metro hospitals, and the Dalhousie Medical School. This incinerator is equipped with waste heat boilers.

Hospital underground fuel tank upgrading and replacement program was started in 1990 for all hospitals in the province.

In 1990, a methodology was developed and a contract negotiated for the removal of PCBs from transformers at the Izaak Walton Killam Hospital for Children.

Operational Initiatives

A number of initiatives to improve efficiency of hospital operations were commenced in this period.

A joint Role Study for Kings County was completed during this period. Three hospitals, Eastern Kings Memorial, Western Kings Memorial and Valley Health Services Association participated in the Role Study.

An additional joint Role Study was started at three Eastern Shore hospitals with the final report due in 1991. Participating hospitals were Twin Oaks Memorial, Musquodoboit Valley Memorial, and Eastern Shore Memorial.

An innovative concept called "swing beds" was initiated in 1990. This concept permits flexibility of use between acute care patients and those classified as nursing home patients or Level 2. South Cumberland Memorial Hospital is working toward the use of four beds for this purpose. Bayview Memorial Hospital has four beds designated as Level 2 care nursing home beds which are being used successfully.

A day hospital concept was started at All Saints Memorial Hospital in June 1990. An occupational therapy service was also started this year, which has been well received in the community.

Aberdeen Regional Hospital was well under way with an operational review by year-end, and final report due in September 1991.

Colchester Regional Hospital completed a master plan which was accepted, and a functional program which is substantially completed with some minor review to geriatric programming outstanding. The functional program should be completed in the fall of 1991.

A Diabetes Education Satellite Clinic was established providing service to the Noel Shore, Parrsboro, Bass River, and Shubenacadie areas. This very successful program provides for follow-up treatment for diabetics who have attended the central clinic for initial instruction.

The Diabetes Care Program of Nova Scotia was created to improve the quality of life of Nova Scotians.

Highland View Regional Hospital commissioned a management strategic plan to focus the hospital's activities and to provide direction for the Functional Program.

The regional incinerator program continues to be successful with weekly pick-ups at the hospitals in Cumberland County for incineration of biomedical waste.

St. Martha's Regional Hospital completed the first full year in the new building. Most services have settled in well. The old hospital was demolished and the area was converted to a parking area for the new building.

A program and facilities planning study for Inverness Consolidated, Sacred Heart, and Victoria County hospitals was completed.

A Regional Rehabilitation Program was opened at Northside Harbourview Hospital, providing residents of Cape Breton with access to services previously available only at the Nova Scotia Rehabilitation Centre in Halifax.

A major planning exercise was initiated to identify future organizational requirements for hospital services in Glace Bay and to explore the feasibility of amalgamating the two existing hospitals.

The Department continues to develop population methodology for funding of services. During the year, the in-patient catchment figures for hospitals were updated.

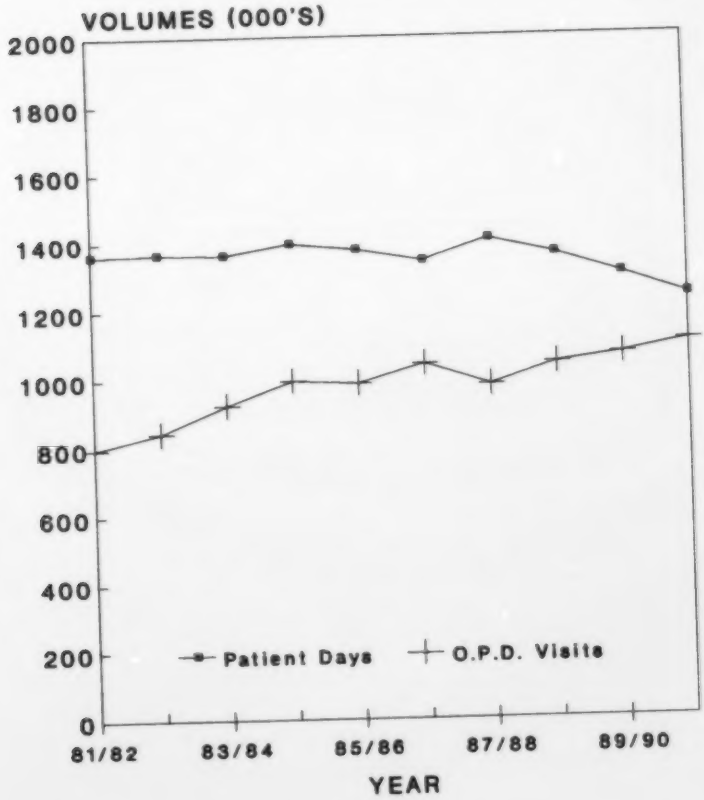
The Victoria General Hospital continued the process of moving towards self-governance. A number of working groups are meeting regularly to insure the hospital's smooth transition towards self-governance. Following transition, the Victoria General Hospital will have the same level of independence as most other non-government hospitals.

Hospital Utilization

Use of in-patient and out-patient hospital services per 1,000 population from 1981-82 to 1990-91 is shown on the two following graphs. The total number of patient days in hospital and out-patient (OPD) visits to hospital are shown in the first graph. The second graph shows the same information in terms of days and visits per 1,000 Nova Scotians in each

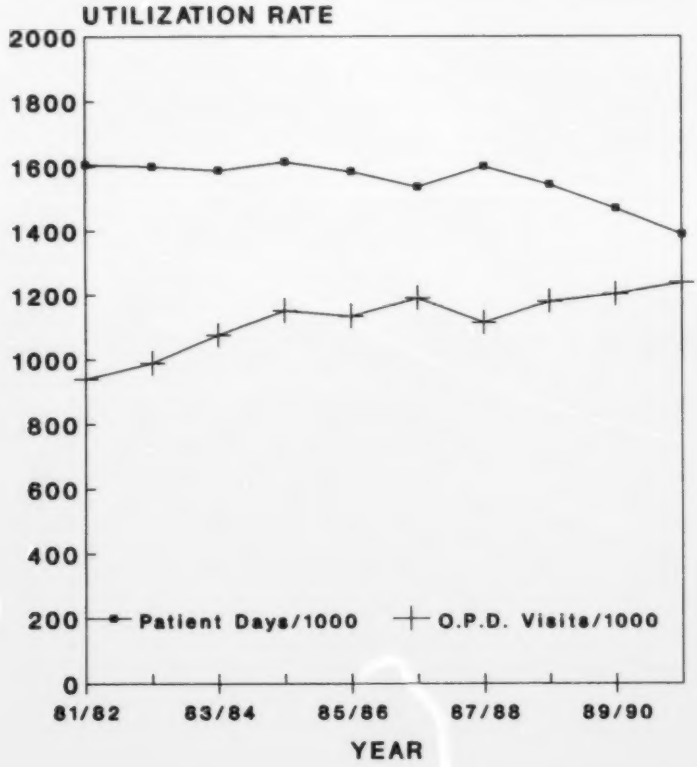
year. Out-patient visits continue to grow, reflecting both new services offered by hospitals and some substitution of newer treatments that would have required admission to hospitals in the past. A slight decline in the number of patient days reflects the substitution of out-patient for in-patient services and other changes in medical practice such as the increasing use of day surgery. The third graph shows the trend towards a greater use of day surgery.

HOSPITAL SERVICES - UTILIZATION
1981/82 - 1990/91



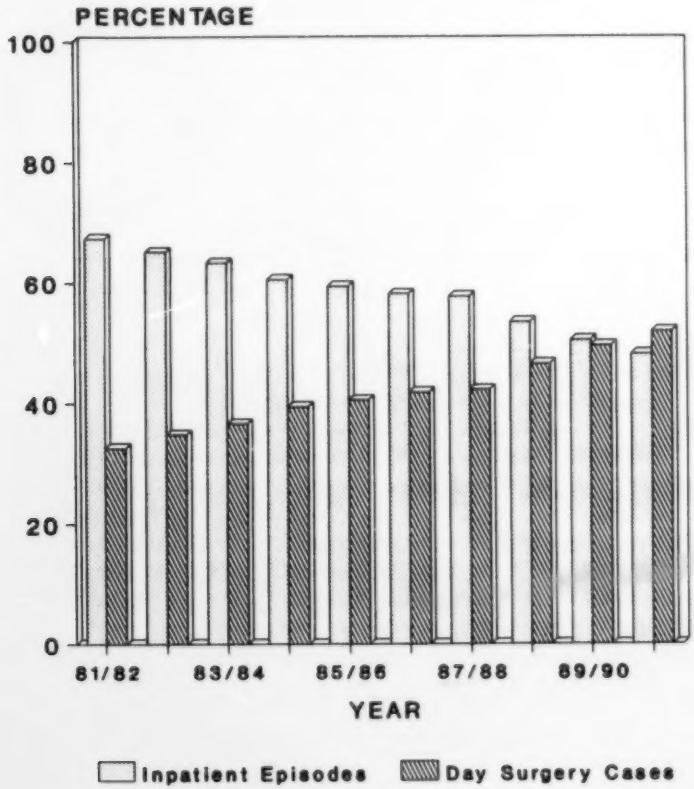
OPD Scheduled & Nonscheduled Visits

HOSPITAL SERVICES
RATES PER 1,000 POPULATION
1981/82 - 1990/91



About 3.5% of patient days are by non-residents of N.S..

SURGICAL UTILIZATION
1981/82 - 1990/91



PSYCHIATRIC MENTAL HEALTH SERVICES DIVISION

The Psychiatric Mental Health Services Division engages in overall planning and is responsible for the development of comprehensive mental health services throughout the province. The goal of the division is to provide a continuum of service, including psychiatric in-patient care, partial hospitalization, and out-patient services, and to have all of these services available in each region of the province. In addition, the division provides community based programs in selected regions and is developing preventive and promotion programs in mental health.

In this regard, the division approves all budgets for psychiatric facilities and psychiatric mental health services included in the non-portable section of the budgets of general hospitals. The division funds the Psychiatric Facilities Review Board and the Metropolitan Mental Health Council (an advisory body on mental health services in the metropolitan Halifax/Dartmouth area). The division also evaluates and approves new construction, monitors standards, provides consultative services, and funds staff training and development.

Psychiatric Mental Health Services currently consist of one psychiatric hospital (Nova Scotia Hospital), the Atlantic Child Guidance Centre, and mental health services located in regional hospitals and tertiary care hospitals, including Camp Hill Medical Centre, Izaak Walton Killam Hospital and the Victoria General Hospital. According to the government's Health Strategy for the Nineties, the division is planning to establish a Working Group on Mental Health Services to identify mental health needs in the province; it is also expanding its community-based services.

The chart on the next page indicates the location of services available and those being planned.

PSYCHIATRIC MENTAL HEALTH SERVICES
PROVINCE OF NOVA SCOTIA

Facility	In-patient Services	Partial Hospitalization	Out-patient Services	Satellites	Community-based Services
Aberdeen Regional Hospital	Being Planned	Being Planned	Y	Y	Y
Atlantic Child Guidance Centre	N	N	Y	Y	Y
Camp Hill Medical Centre	Y	Y	Y	Y	Y
Cape Breton Regional Hospital	Y	Y	Y	Y	Y
Colchester Regional Hospital	Being Planned	Y	Y	N	N
Hants Community Hospital	N	N	Y	N	N
Izaak Walton Killam Hospital	Y	N	Y	N	N
Highland View Regional Hospital	N	Y	Y	Y	N
Nova Scotia Hospital	Y	Y	Y	Y	Y
St. Martha's Regional Hospital	Y	Being Planned	Y	Y	N
South Shore Regional Hospital	Y	Being Planned	Y	Y	N
Valley Health Services Association	Y	Y	Y	Y	Y
Victoria General Hospital	Y	N	Only specialized services	N	N
Yarmouth Regional Hospital	Y	Y	Y	Y	Y

The principal highlights of the year are as follows:

Aberdeen Hospital

The Department of Psychiatry and Mental Health Services continues with planning for in-patient and partial hospitalization services. Children's Services have been expanded and given more autonomy.

Atlantic Child Guidance Centre

The Centre continues to be an active participant in the Metropolitan Inter Facility Referral Review or Redirection (MIRROR) Committee. A program for children and adolescents (assessment, court referrals, residential services) is now in place, funded jointly by the departments of Health and Fitness and Community Services. The Centre is planning renovations to accommodate this program. The Centre has been an active member of the Trifacilities Committee formed to develop an integrated approach to children/adolescent services.

Cape Breton Hospital

Planning continues for psychiatric mental health services in the new regional hospital for Cape Breton. Plans are being developed for a new quarterway house and a study of the utilization of existing beds in the facilities.

Camp Hill Medical Centre

The out-patient department continues to assess a large number of new patients per month. The Lane Community Clinic is now a community-based rehabilitation day program actively seeking federal/provincial shared funding.

Colchester Regional Hospital

The psychiatric mental health program was externally reviewed and recommendations from the report are being implemented.

Highland View Regional Hospital

This facility continues to provide out-patient services. It also operates satellites in South Cumberland and All Saints Hospitals with a visiting team going to Parrsboro. In addition, partial hospitalization services are

provided. This is the original partial hospitalization program in the province. The child/adolescent services have been expanded.

Izaak Walton Killam Hospital

The Department of Psychiatry is the main teaching unit for child and adolescent psychiatry. Along with staff of this department, the departments of Social Work and Occupational Therapy have been providing ongoing, regular consultation services to some of the regional hospital services that require this assistance. An attention deficit disorder clinic has been funded. The facility has been an active participant in the Trifacility Committee on Child/Adolescent Services.

Nova Scotia Hospital

The new extended care facility is under construction. A new partial hospital program for the chronically mentally ill is in place. Recommendations from the role study of the hospital are being implemented. The hospital has been an active member of the Trifacility Committee on Child/Adolescent Services in the Halifax Metropolitan area.

St. Martha's Hospital

Planning to make this hospital capable of treating involuntary patients continues. In other words, it will become a designated facility under the Hospitals Act. The catchment area of the facility is under review.

South Shore Regional Hospital

Planning to make this hospital a designated facility under the Hospitals Act also continues. Funding for renovations was approved in 1990-91. It is anticipated that construction will be completed before March 1992. The child and adolescent program has been expanded.

Valley Health Services Association

Construction of the new regional hospital in Kentville is under way and will include a psychiatric in-patient unit. At present there are two partial hospitalization programs, one for active treatment, and one for long-term patients. Support was received from local municipalities for a community outreach program for chronic mentally ill patients. Plans are under way for a long-term psychiatric care unit, with a rehabilitation focus, to service this region. The facility is planning to transfer the drug dependency program to the Commission on Drug Dependency, effective April 1, 1991. In addition, Valley Health Services Association has been involved in

developing an emergency receiving assessment centre along with Family and Children Services agencies in the area.

Victoria General Hospital

The in-patient unit continues to provide specialized programs for persons with eating disorders and refractory depression. A neuropsychiatry program is being developed. A consultation/liaison service, which is available to all areas of the hospital, is being strengthened. This includes service to patients with AIDS.

Yarmouth Regional Hospital

The Yarmouth Regional Hospital has expanded its psychiatric in-patient service. Renovations to this hospital are being planned to facilitate its operation as a designated facility under the Hospitals Act. A contract with the Department of Community Services was negotiated to do community based assessment and to combine resources in a new residential treatment facility.

Child And Adolescent Services

The Co-Directors of Child and Adolescent Services have completed the Trifacility Report, which is a plan to enable the Atlantic Child Guidance Centre, Izaak Walton Killam Hospital for Children, and the Nova Scotia Hospital to co-ordinate the delivery of child and adolescent services. In the interim, attempts are being made by the Department and by hospitals to deal with the tremendous demand for immediate services for children in crisis. A proposal from the Department of Psychiatry and Mental Health Services at the Aberdeen Hospital and the Children's Aid Society of Pictou County resulted in the opening of an adolescent emergency assessment centre in New Glasgow. A similar proposal was developed by the Cape Breton Hospital and the Children's Aid Society. Additional staff for child and adolescent programs has been approved at the Valley Health Services Association, Colchester Regional Hospital, South Shore Regional Hospital, Highland View Regional Hospital, and Cape Breton Regional Hospital.

Also, resources are being developed by contract for out-patient community services assessment programs to assess the needs under both the Young Offenders Act and the Children's Services Act.

Regional Mental Health Advisory Committees

The joint steering committee of the Canadian Mental Health Association/Nova Scotia Division and the Department of Health and Fitness has developed a proposal to revitalize the regional planning vehicle for Psychiatric Mental Health Services. The report reflects a community participation model that supports a working partnership for regional mental health planning. Recommendations in the report include mandatory development of an evaluation tool to assess the outcome during each developmental phase.

Metropolitan Mental Health Council (previously the Metropolitan Mental Health Planning Board)

A Role and Mandate Committee was struck to review the role of the Metropolitan Mental Health Planning Board and to come forward with recommendations for the revitalization of this body. The proposal, including a change in name, was approved and is being implemented.

Long-term Mentally Disabled

A joint committee of the Department of Health and Fitness and the Department of Community Services was reactivated to discuss alternate community placement for this group of individuals.

Drug and Alcohol Programs

The programs at Yarmouth Regional Hospital and Valley Health Services Association are being evaluated for possible funding to be shared by Ottawa and the province.

Psychiatric Out-patient Information System

A committee chaired by an External Consultant on Health Systems and Information Analysis is developing recommendations regarding a new out-patient reporting system for Psychiatric Mental Health Services. A contract has been let with the Department of Government Services to complete a preliminary analysis and structural design of the system.

Senior Staff Meetings

Two senior staff meetings were held during the year with all administrators and medical directors from all mental health and psychiatric services, as

well as representatives of the Metropolitan Mental Health Council and the Nova Scotia Division of the Canadian Mental Health Association.

Consultation

The division consultants continue to provide internal and external consultation in their respective areas of expertise.

PUBLIC HEALTH PROGRAMS

COMMUNITY HEALTH SERVICES DIVISION

Community Health Nursing

Community Health Nursing priorities are the promotion of health and the prevention of illness for all Nova Scotians. Attainment of these priorities is through provision of service to clients (individuals, families, or communities) by community health nurses and certified nursing assistants. Within the seven health units, approximately 180 staff are employed and are located in 60 offices. This year continues to witness a significant change in staff and in the evaluation of programs.

Family Health provides education and service to a variety of populations. The prenatal population receives services through classes and home visits; the post-partum population is provided service through home visiting. The Community Health Nursing Section, in collaboration with community and regional hospitals, has developed an implementation plan for the Postpartum Parent Support Program. In addition, services such as nutrition, child supervision, and assessment are provided to families. Each health unit has designated sexuality education resource nurses (SERN) to assist adolescents, families, parents, schools, and others in education relating to sexuality. Community liaison with local schools and Planned Parenthood Associations has resulted in collaborative planning and implementation. Two inservice education sessions for SERNs have been held which focused on parent-teen communication and community development.

Follow-up assessment within the Mental Health/Psychiatric Program continues.

As well, professional development programs continue to be offered to Community Health Nursing staff to ensure professional and current practice. Development of professional performance standards and implementation of nursing process and problem oriented charting are continuing. Consistent with the *Health Strategy for the Nineties'* recommendation, the Community Health Nursing Section is presently realigning districts and responsibilities into separate health promotion and home care divisions.

Health Promotion

The 1990-91 fiscal year was once again one of growth and development for the Health Promotion Section of the Community Health Services Division. The *Health Strategy for the Nineties'* report identified in its guiding principles that health promotion should remain the number one priority of the Department. To this end, there is an even greater need to put the appropriate structures and processes in place to meet the mandate imposed by this priority.

One of the key elements that was put in place this fiscal year, to move forward in health promotion, was the hiring of lifestyle educators at the health units. It is anticipated that lifestyle educators will provide leadership for new health promotion programming by utilizing a community development model. It was determined to be their role to facilitate local action around health promotion issues using a number of strategies and programs. Lifestyle educators were well-oriented to the Department and to specific program areas as well as professional development in the areas of needs assessment, smoking cessation methodology, and active living.

Two key projects were launched during this year. The first is directed toward the development of enabling systems for health promotion. Enabling systems are those structure and processes that can be put in place to permit individuals and groups to achieve greater control over their health, and to enhance and maintain health. The Community Health Promotion Fund (CHPF) was announced in November 1990. A call for proposals was put to community groups throughout the province. The CHPF program represented a new direction for the Department. It embodied the principles of decentralization and autonomous planning and decision making at the regional level. In the CHPF program, health units, via regional review committees, were ultimately responsible for reviewing and awarding grants. The regional review committees comprised a majority of members from the community, not the Department. This new step meant that it was the community, not the bureaucracy, evaluating projects from among their peers in order to ensure that the programs best meet regional needs.

CHPF worked exceptionally well in 1990-91 with $235,000 being spent on 53 projects. This program will continue for four years and an evaluation is being put in place to determine its benefit to the community and to the Department.

The second major program that was launched by the Health Promotion Section was the Quit and Win Adult Smoking Cessation Program. An investigation indicated that persons wishing to quit smoking required an additional incentive to encourage them to do so. The Quit and Win Program was developed and modelled after a similar program in the United States and was implemented in workplaces throughout Nova Scotia. Approximately 117 workplaces participated in the program with over 50 per cent of participants being successful in their quit attempt. The program was implemented by lifestyle educators on a regional basis. The lifestyle educators trained workplace coordinators to implement a social, supportive smoking cessation program at the workplace. Research says that 90 per cent of those who quit will quit cold turkey, however, those who do not begin smoking again have good social, structural supports in place to assist them with their quit attempt. The Quit and Win Program met this specific need. Final evaluation of the program will not be available until September 1991.

The Department was also the key instigator or major participant in two surveys on smoking prevalence in Nova Scotia. The first was the survey of adults in Nova Scotia to determine the prevalence of smoking. The survey indicated that over the past ten years smoking rates have dropped in Nova Scotia from 41 per cent to 28 per cent. The data gathered from this survey will guide the development of future programs by the Department. The second survey that the Department participated in was carried out by the Nova Scotia Council on Smoking and Health on students and tobacco. The purpose of this survey was to determine ways to prevent the use of tobacco products by minors in Nova Scotia. The data accumulated from the survey will be utilized to forward programming policy efforts in this direction. This data, and a number of other such findings, will serve to support the comprehensive tobacco strategy being developed by the Department for release in 1991-92.

The Department, through the Health Promotion Section, participated in a number of activities that fostered community development and instilled the health promotion framework within the community. The first of these is the Healthy Dartmouth Project. The Department is funding this project in order that it may serve as a pilot for other communities in Nova Scotia. During this past fiscal year the project participants developed a framework for doing an extensive needs assessment across the City of Dartmouth. The Department also participated in the education project sponsored jointly with the Public Health Association of Nova Scotia and

the Strengthening Community Health Project of Health and Welfare Canada.

A number of projects and activities were undertaken to enhance public awareness and to educate about healthy personal choices that promote health and prevent disease. Mobile display units were identified during the previous fiscal year as a key opportunity to foster public awareness and education about lifestyle choices. Display units were developed by various health units on a pilot basis so that they may be replicated throughout the province. Two of these were developed during this fiscal year, one on environmental health and one on sexual health.

Another key public health issue at the forefront of activity in the Health Promotion Section is sexual health. Specifically, this concerns the participation in the development of a core program on sexual health and activities related to sexually transmitted diseases and Acquired Immune Deficiency Syndrome (AIDS). An extensive media campaign, highlighting sexually transmitted diseases and AIDS, was launched in the fall 1990. Early indications are that the public awareness strategies in print and electronic media were very successful. Two other significant activities relating to this area were undertaken about the same time. The first was a collaborative pilot project on a parent-teen communication conducted with AIDS Nova Scotia and the Nova Scotia Home and School Federation. Results of the pilot indicate that more programming must be developed for this important area. The second project was the Women and AIDS public forum held in recognition of World AIDS Day. A person living with HIV, a parent of a person with AIDS, a Sexuality Education Resource Nurse, and an Infectious Disease Medical Practitioner, were part of a panel that discussed the AIDS issues affecting women. The forum was well-attended and was a collaborative effort between the Department and five key community groups. The Health Promotion and Fitness Section participated in a number of collaborative activities with various health disciplines. This would mean the coordination of internal and external contact persons and resource experts in order to develop programs and activities related to:

- Nutrition Month (March)
- Dental Month (April)
- Immunization Month (November)
- Fitweek (May)

- AIDS Awareness Week (November)
- Canada Day (May)

The Health Promotion and Fitness Section was an active member of the following committees and boards: the Nova Scotia Council on Smoking and Health; the Nova Scotia Safety Council, Board of Directors; the Association for the Advancement of School Health Education; Healthy Communities Project, the Coordinating Committee for the Nova Scotia Heart Health Program; and the Minister's Implementation Committee for the Royal Commission Report on Health.

Fitness

The Fitness Section continues to focus on promotion of the concept of active living. Acting living is a response to the need for a more holistic approach to physical activity.

The challenge of the Fitness Section is to create a noticeable change in the social and physical environment around individual Nova Scotians that is more supportive of an active way of life. This environment includes the individual's family, social network, place of work, school, social organizations, health care services, and the community at large. If this challenge can be met, active living will eventually become a cultural trademark in Nova Scotia.

The Fitness Section provided direction and resources to the lifestyle educators of the regional health units to assist them with community-based active living programming. Lifestyle Educators developed many and varied networks or partnerships to enhance the delivery of the "active living" message. These partnerships included health professionals, government departments, and volunteer and private sectors.

Highlights of the Fitness Section activities include:

- The ongoing consultation with the Nova Scotia Fitness and Lifestyle Leaders Association. For the first time, the Association received an annual grant to cover the cost of operations. In addition, the Association submitted a five-year plan to the Department of Health and Fitness which outlined the development and implementation of

the Fitness and Lifestyle Leadership Training Program which will begin during the summer 1991.

- The promotion of Fitweek, Canada's celebration of physical activity participation. On Sneaker Day, the first day of Fitweek, Nova Scotia had a 15 per cent increase in participation from previous years. New promotion initiatives, including a drawing contest for youth and community and workplace walks, involved more Nova Scotians than in 1989-90.

- Consultation to the Department of National Health and Welfare small and large business corporate health model. This model will be adapted for implementation in Nova Scotia workplaces.

- Consultation with the Canadian Centre for Active Living in the Workplace to design and implement workplace active living projects, including a provincial workplace health promotion survey and leadership training system.

- Consultation with the Centre for Leadership in Active Living to investigate the issues of active living leadership in Nova Scotia and Canada.

- Consultation with the Heart Health Project.

- Invited to be a member of the newly formed National Active Living Alliance for Children and Youth. The task of the alliance is to increase both the awareness and opportunities for children and youth to live actively.

- Member of a provincial Physical Activity Task Force, which submitted a report to the Department of Education recommending that daily physical activity in schools use the Active Living model.

Nutrition Services

Nutrition Services continues to focus on nutrition education programs designed to promote healthy eating choices and to prevent the onset of such chronic diseases as coronary heart disease, obesity, and cancer, which are linked to poor nutritional practices.

Community nutritionists at the health unit level provide ongoing information and guidance to other professionals and community agencies as well as to the general public. Activities such as in-service workshops, prenatal and infant feeding classes, school and community

health fairs, workplace displays, and pre-retirement seminars, continue to be a major focus. Nutritionists also provide regular medical coverage on all current healthy eating issues.

The primary program emphasis of Nutrition Services continues to be maternal and child health. Nutritionists work closely with other health unit staff to provide prospective new parents with support. *Year One: Food for Baby* and its sequel, *After Year One: Food for Children*, provide parents with valuable information to develop good food choices in their children.

This year also heralded the start of the nutritional advice and counselling component of the provincial Healthy Baby Program. Pregnant recipients of family benefits across the province are being provided with in-home, one-to-one dietary advice and support with the goal of improving the birth weight of their newborns. An evaluation component has been developed within this program that will provide valuable information on maternal dietary choices, weight gain, and infant feeding practices.

School-based nutrition activities continue to be pursued and the release this year of the *Guidelines for the Sale of Snack Foods in Nova Scotia Schools* is providing impetus for discussions around the development of school food policies.

Nutrition Month 1991 focused on the need for school age children and their parents to distinguish between wise and poor food choices in the grocery store. *The Nutrition Squad*, in their comic book and poster, highlighted the influence that children have on such purchases as breakfast cereals and fruit drinks. This year's slogan, "On the Shelf, Look for Health," reminded all of the need to read labels.

Nutritionists worked diligently this year to provide quality control checks for all data collected under the Nova Scotia Heart Health Program Nutrition Survey. Emphasis by nutritionists around the issue of chronic disease prevention, including heart health, continues and nutritionists and the "Rate Your Plate" display figured prominently in Heart Month activities during February.

An exciting and busy future year is anticipated for nutritionists with the proposed release of a new Canada Food Guide.

Epidemiology

Epidemiology provides services and advice to the public, health units, the community health branch, and other branches throughout the Department. As well, the epidemiologist sits on committees at the provincial and federal level. The main tasks of epidemiology are in analysis of information, especially with respect to communicable diseases, development of public health policy, and research in issues pertinent to the Department. With respect to information systems, the communicable disease surveillance system underwent a major revision, with the help of a summer student, such that it is now possible to analyze notifiable disease trends for any periods of time or geographical areas since data were collected electronically in 1981.

In terms of communicable diseases, the spring and summer of 1991 were fairly busy with two major outbreaks due to E.coli 0157 and a minor outbreak of measles. New cases of HIV disease and hepatitis B are fewer than last year. During the 1990 calendar year, there were 12 cases of AIDS, 44 cases of HIV+ individuals, and 115 cases of hepatitis B. In general, incidence of HIV disease has levelled off over the last three years.

With respect to chronic diseases, the epidemiologist worked closely with the health unit director of Northumberland Health Unit to investigate suggestions that residents of Pictou County were at greater risk of lower respiratory disease as a result of emissions from the Scott Paper Mill. This was found not to be the case. In terms of research, the epidemiology unit co-produced a survey of smoking habits of Nova Scotians, and contracted a study to investigate the possibility of Lyme disease becoming established in Nova Scotia. A study of the health status of Nova Scotia children is under way in collaboration with the Research and Statistics Unit and the hospital epidemiologist from the Izaak Walton Killam Hospital for Children.

The epidemiologist is active in various committees and is the chairman of the Sexual Health Committee as well as the Evaluation and Research Committee. The first committee is developing a sexual health program for the community health branch. The second committee is endeavouring to survey the Department of Health with respect to its evaluation and research activities.

Dental

The Department of Health and Fitness continued operating the Dental Program during the fiscal year ending March 31, 1991, by rendering treatment and preventive dental services to elementary-aged children and preschoolers. Children in areas with insufficient dental services and those at high risk to dental decay represent the target population and were considered top priority recipients under the program.

Dentists provided oral examinations, diagnostic services, restorative treatment consisting of fillings, emergency services including dental extractions, consultation, referral, and preventive services. Support for, and promotion of, fluoridation was extended to those communities requesting assistance and information.

Dental hygienists employed by the Department of Health and Fitness provided preventive dental services aimed at preschool and elementary-aged children in under-serviced, high-risk, non-fluoridated areas of Nova Scotia. These services include dental examinations (screening), prophylaxis (cleaning of teeth), fluoride applications, parent consultation and patient follow-up, and referral for dental care. Oral health promotion continued as the other major activity of dental hygienists, both at the individual patient level and the community level. This part of the program is being emphasized by the Department due to its impact in maintaining improved levels of dental health among Nova Scotia children, and its complementary nature to the MSI Dental Program. In line with increased emphasis on prevention, new initiatives have been undertaken through school-based fluoride rinse programs. To identify high risk children, school-based dental screening programs have been implemented with referral for dental care and follow-up to ensure compliance.

To assist seniors, the handicapped and those institutionalized in chronic care settings, instructional/educational in-service sessions were provided to personal care staff employees by staff dental hygienists.

The Dental Incentive Program continued to provide financial assistance to locate dentists in under-serviced communities in the province. Once again, the result of this program has been a better distribution of dentists geographically and greater accessibility to dental care by more Nova Scotians.

During the year, three dental incentive grants were awarded to communities lacking adequate dental services. One grant was processed on behalf of the New Ross Health Co-op. A second partial grant was awarded to Mulgrave Medical Dental Clinic to assist in the acquisition of much needed dental x-ray equipment. Hants North Medical Clinic was awarded a grant toward the purchase of dental equipment.

Public Health Engineering

The Public Health Engineering Section provides health-related engineering services, as required under the Health Act and as a service to other government departments, municipalities, planning bodies, professional consultants, and the general public.

The section includes eight regional public engineers and a specialist public health engineer, who report to the Director of Public Health Engineering. Regional public health engineers perform duties as specialists in public health engineering and, under the general direction of the Director, are responsible for advising, consulting, planning, inspecting, and coordinating the technical plans, policies, procedures, and programs at the health unit level. The engineering and inspection components are complementary to each other; a close liaison is maintained with the Chief Public Health Inspector.

Engineering plans, specifications and reports of all water and sewage works, major subdivisions, school projects, milk pasteurization plants, campgrounds, trailer parks, swimming pools, and construction, and extensions to these projects, are reviewed by the public health engineers prior to departmental approval being given.

The section is also responsible for the preparation and revision of regulations relating to any phase of environmental sanitation on a provincial basis, and for the review of municipal regulations made under the authority of the Health Act. Preparation of related inspection and report forms is also a function of the section.

Educational and instructional activities are a major portion of the work program of the division. Lectures are given to other health-related disciplines in all phases of environmental sanitation, papers are presented at professional conferences and meetings and talks are given to community gatherings.

Staff of the section represent the Department on interdepartmental committees related to regional planning, solid-waste disposal, subdivisions, housing, well drilling, campgrounds and trailer parks, planning and development, and other matters that require input from the section. Federal/provincial committees on such subjects as water quality, environmental contaminants and liaison with federal officials also require participation by staff of the section, as well as many local, municipal, or regional bodies. Staff also participate actively in appropriate professional organizations, including the Canadian Public Health Association, Public Health Association of Nova Scotia, American Water Works Association, and the Nova Scotia Association of Professional Engineers.

Radiation Inspection

The main effort of staff of this section is directed towards radiation inspections of hospitals, dental offices, research facilities, and industrial premises. Occupational exposure records are maintained and evaluation of radiation risk to workers, hospital or dental patients, and the public continued. In addition, radiation surveillance of the environment continued. Radon measurements confirm that there are very few areas of concern in Nova Scotia, and no related health problems. The staff of this section gave lectures, attended seminars, and met with their federal, provincial, and international counterparts.

Public Health Inspection

The functions of the Public Health Inspection Section are carried out through the seven health units in the province.

Inspectors are located regionally in 27 offices throughout the province, where they are able to provide service and consultation to boards of health, municipal units, other departments of government (both federal and provincial), and to the people within the community. The Chief Public Health Inspector is responsible for technical competence of the inspection staff, program development and program monitoring, as well as consultative services to the health units, other government departments, and the general public. The Public Health Inspection Section works in close liaison with the Public Health Engineering Section.

The Health Inspection staff continue to be very active in the field of public food handler education. Food handler education courses are

offered to eating and food shop establishment operators as well as to food handlers in hospitals, homes for special care, and food server training schools.

Nova Scotia continues to lead all other provinces in the training of food handlers leading to national registration under the Canadian Restaurant Association Program. During 1990, emphasis was placed on the development of various guidelines to include Guidelines for the Production, Distribution, Retailing, and Use of Refrigerated, Pre-packaged Foods with Extended Shelf-Life and proposed amendments to the Eating Establishment Regulations which now constitute an important aspect of the inspection program. Again during 1990, in cooperation with the Public Health Engineering Section, refresher courses for sewage disposal installers were continued throughout the province with special emphasis placed on the amended Technical Guidelines for On-Site Sewage Disposal Systems which are being used as a supplement to the Nova Scotia Regulations Respecting On-Site Sewage Disposal (1985). In 1990 a committee was formed to carry out amendments to the above regulations for presentation to the Minister.

During 1990, a screening survey to measure concentrations of radon gas in Nova Scotia homes was completed, and a total of 779 tests were performed. A further detailed screening study was proposed in the Terre Noire/Point Cross area of Inverness County, Cape Breton which was completed in early 1991. Twenty-three wells in the study area were also analyzed for uranium. A study of the effects of the corrosiveness of municipal water supplies was carried out during the year, with subsequent meetings with the suppliers. There is a proposed change in the Drinking Water Guideline for lead and arsenic parameters.

During 1990, further effort was placed on the assessment of the quality of convenience foods sold through various outlets, which included vacuum-packed sandwiches imported from other provinces. The bacteriological quality of such foods was determined to be very satisfactory. A continuing effort was also placed on maintaining therapy tubs and swimming pools, and surveying recreational facilities.

In 1990, the Nova Scotia Department of Health and Fitness completed and distributed the following guidelines:

- Environmental Health Guidelines for Health Clubs and Fitness Clubs

- Guidelines for the Location of Cemeteries
- Environmental Health Guidelines Pertaining to Packaged Ice and Ice Making Machines
- Environmental Guidelines Pertaining to Workers Exposed to Sewage
- Guidelines for Bacteriological Quality of Water Used for Irrigating Agriculture Crops.
- Festival, Exhibition, and Fair Guidelines
- Guidelines for Water Haulers
- Guidelines for Temporary Eating Establishments
- Guidelines for the Production, Distribution, Retailing, and Use of Refrigerated, Pre-packaged Foods with Extended Shelf-Life.
- Guidelines Respecting Tattoo Shops

Heart Health Program

The Nova Scotia Heart Health Program (NSHHP) is a community-based program designed for the promotion of heart health and the prevention of heart disease. The NSHHP is jointly funded by the provincial Department of Health, and Health and Welfare Canada, National Health Research and Development Program (NHRDP).

The mission statement of the Nova Scotia Heart Health Program is to promote the optimal heart health of Nova Scotians through community and individual empowerment and environmental change.

The goals of the Nova Scotia Heart Health Program are:

1. To enable Nova Scotians to take action to improve their cardiovascular health by controlling or reducing their risks and improving their community environments.

2. To enable all Nova Scotians to choose a heart healthy diet, including attempts to reduce the price and increase the availability of heart healthy food.

3. To enable children and their families to adopt healthy eating and physical activity patterns and to avoid smoking.

4. To reduce inequities in achieving cardiovascular health due to socio-economic or regional disparities.

5. To enable Nova Scotians at high risk for cardiovascular disease to reduce the burden of disease through prevention, treatment, and rehabilitation.

6. To encourage cities, towns, and communities to develop public policies that promote cardiovascular health.

A multifactorial, community health approach is essential in the alleviation of such a widespread public health issue. A coordinating committee with representatives from the public, private, health, and academic sectors has been formed by the Minister as a major vehicle to obtain a partnership between public health and the community. This committee is responsible for the overall design and implementation of the Nova Scotia Heart Health Program.

Currently, the coordinating committee has established the following working groups: Professional Education, Public Education, Research and Evaluation, and Ethics. The development of a Community Health Promotion Resource Directory and standardization of risk factor information for the public is also in progress.

The internal mechanism to secure the community and public health partnership is the Heart Health Advisory Committee (HHAC). It pools the technical and scientific expertise of the Community Health Division of the Department of Health and Fitness and acts in an advisory capacity to the Department for matters related to heart health.

The Heart Health Advisory Committee has approved a major Cardiovascular Disease Worksite Program which will be piloted in the Atlantic Health Unit. The program is designed to assist employees to reduce their risk of developing cardiovascular disease and encourage environmental change in the worksite. If the pilot program is successful, other health units will incorporate an adapted Workplace Heart Health Program into their activities.

A Heart Health Inequities Partnership has been established with the Nova Scotia Heart Foundation, Health and Welfare Canada, St. Francis Xavier University Extension Department, and the Nova Scotia Heart Health Program. A program proposal is currently being developed by the partnership for submission to funding bodies. Funds have already been committed to this program from the Regional Health Promotion Directorate and the NHRDP funds of the Heart Health Program.

The Heart Health Program, in partnership with the Nova Scotia Department of Health and Welfare Canada, completed a comprehensive food consumption survey in 1990 to determine the dietary practices and nutrient intakes as well as nutritional knowledge and awareness of approximately 2,000 adult Nova Scotians. Community health nurses and community nutritionists from the Department of Health and Fitness began the first phase of field operations in April 1990 for five to seven weeks, with the second phase finished in December 1990. The food directorate, Health Protection Branch of the Department of National Health and Welfare, is providing technical expertise by coding and analyzing the data. Publication of the survey results is scheduled for the winter of 1992.

The evaluation plan for the Heart Health Program is in the developmental stages. This will be broad in scope and serve as a basis for the evaluation of the Heart Health Program over a period of 10 – 15 years. As Nova Scotia is enroled as a collaborative centre with the World Health Organization - Countrywide Integrated Noncommunicable Diseases Intervention Program (WHO-CINDI), the evaluation plan will incorporate the guidelines laid down in the CINDI protocol. The overall objective of this program is to establish co-operative projects and programs to help prevent and control major noncommunicable diseases and to promote healthier lifestyles.

The Nova Scotia Heart Health Program has assisted the Federal/Provincial Heart Health Initiative in the formulation of practical evaluation guidelines for community-based heart health programs. This will assist provincial jurisdictions in the formulation of evaluation plans for these programs.

The establishment of an incidence surveillance for cardiovascular disease system in Nova Scotia is currently underway. A detailed plan of action to implement a record linkage system into the Department of Health and Fitness is currently being developed with assistance from Preventive Health Services, Health and Welfare Canada, Statistics

Canada, and members from the Nova Scotia/Saskatchewan record linkage study.

The Heart Health Program was recently criterially scientifically reviewed according to the NHRDP program guidelines for research projects. The two-day site visit was very constructive and positive. The NSHHP has been highly rated by the expert site visit team and recommended for continuation of the five-year research grant.

Home Care Nursing

The priority of the Home Care Nursing Section is the provision of home nursing to clients in their place of residence. This section is responsible for the nursing component of the Nova Scotia Coordinated Home Care Program (CHCP) and home care nursing in areas not serviced by the Victorian Order of Nurses (VON) or Martha Home Health Care.

The Home Care Nursing Section is actively involved in the continuing development of the CHCP policies and manuals. The CHCP involves five government departments or agencies: Community Services, Health, Housing, Municipal Affairs, and the Senior Citizens' Secretariat. With the extension of CHCP service to Louisbourg, the CHCP has completed one full year of province-wide operation. Evaluation of this program is in progress. The target population of the CHCP is seniors, persons with disabilities, and families at risk.

The Home Care Nursing Section is responsible for the health component of the functional assessment of CHCP clients requesting services. Delivery of nursing services has been contracted to the VON in areas serviced by the VON, and to Martha Home Health Care in Antigonish County. Home care nursing service is delivered by Department of Health and Fitness staff in areas not serviced by either the VON or Martha Home Health Care. Working collaboratively with the community and volunteer initiatives is central to coordinated planning to meet the home nursing care needs of Nova Scotians.

Ongoing activities of this section include: the separation of the Home Care Nursing Section from the Community Health Nursing Section; the revision of the Certified Nursing Assistant's duties in conjunction with the newly revised curriculum and revisions to the interim data collection system for the CHCP.

In conjunction with the departments of Community Services, Housing, and Municipal Affairs, and the Senior Citizens' Secretariat, the

Initial phase of a Quality Management System for the CHCP was developed and pilot tested in the form of a file review study. The architecture phase of the Management Information System for the CHCP was also completed.

Approximately 85 Home Care Nursing Section staff (community health nurses, registered nurses, certified nursing assistants, and office personnel) are located in 60 offices in seven health units.

Professional development is integral to the Home Care Nursing Section staff. The development of professional performance standards is being undertaken in collaboration with the Community Health Nursing Section.

HEALTH SUPPORT SERVICES

FINANCE DIVISION

The accompanying schedule provides the expenditures for the fiscal year ended March 31, 1991, for the various health care services that are the responsibility of the Department of Health and Fitness. A comparison is made of the costs for the year just ended with those of the previous 12-month period which ended March 31, 1990. The Finance Division of the Department is responsible for the assembling and monitoring of the capital and operating budgets relating to these expenditures.

The staff administers the funding of the hospital insurance program, including psychiatric services. This program makes available both in-patient and out-patient services to every resident of Nova Scotia, both inside and outside the province. Financial Services Officers provide information to assist the hospitals with the preparation of their annual operating budgets and the interpretation of the subsequently approved budgets. The hospitals' records are reviewed to provide a basis for approving these budgets and for recommendations that are required for final settlements after the end of the year.

Expenditures by the Department for approved services and equipment in hospitals totalled $759,932,435 in 1990-91, an increase of 7.6 per cent over the previous period, including new and expanded programs. The increase for 1990-91 was slightly less than the 8.1 per cent increase in 1989-90.

The amount of $27,421,234 for construction grants is significantly higher than the amount spent in 1989-90. During the fiscal year 1990-91 major projects were carried out at the Grace Maternity (Halifax), Valley Health Services Association (Kentville), Cape Breton Regional (Cape Breton), and All Saints (Springhill) hospitals.

The final group of expenditures on the schedule are the operating budgets for the programs and policies of the two areas of administration and community health. Included here are all costs for the Community Health Services Division. The promotion of health and the prevention of disease, along with the cost of administering the Department, totalled $50,677,713 this year, an increase of 9.9 per cent over the previous year.

Recoveries from other provinces for hospital services provided to residents insured under their insurance programs, along with recoveries from third parties (insurance companies), provide offsets to the operating costs.

The net cost to the province for the various health care services amounted to $809,806,127 for the fiscal year ended March 31, 1991.

Revenue is received by the Department from the sale of birth, death, and marriage certificates.

The Division of Finance is responsible for the third party liability operations through which the Department attempts to recover the amounts paid for hospital and medical services rendered as a result of the wrongful act of third parties. There is 21.7 per cent increase in the amount recovered for 1990-91 which is indicative of the higher average value of the claims settled and the number of claims occurring during the year, which increased from 3,104 in 1989-90 to 3,270 in 1990-91.

EXPENDITURES/REVENUE
FOR THE 12-MONTH PERIODS
ENDED MARCH 31, 1990 AND MARCH 31, 1991

	March 31 1990	March 31 1991	% Increase (Decrease)
HOSPITAL SERVICES			
General Hospital Services	$643,605,506	$689,961,637	7.2
Psychiatric Hospital Services	51,963,179	57,102,363	9.9
Capital Equipment	10,905,323	12,868,435	18.0
	$706,474,008	$759,932,435	7.6
HOSPITAL CONSTRUCTION			
Capital Debt Assistance	$10,017,503	$ 9,624,122	(3.9)
Construction Grants	21,577,409	27,421,234	27.1
	$31,594,912	$37,045,356	17.3
HEALTH ADMINISTRATION AND PROGRAMS			
Administration	$20,128,865	$20,329,051	1.0
Community Health	25,931,028	30,311,554	16.9
Capital Equipment	50,593	37,108	(26.7)
	$46,110,486	$50,677,713	9.9
TOTAL EXPENDITURES	$784,179,406	$847,655,504	8.1
Deduct			
Out-of-Province Recoveries	$30,069,464	$36,152,925	20.2
Third Party Liability Claims	1,394,470	1,696,452	21.7
Heart Health Recoveries	103,019	0*	(100.0)
	$31,566,953	$37,849,377	19.9
Net Expenditures	$752,612,507	$809,806,127	7.6
REVENUE			
Registration Services	$448,282	$644,352	43.7

* Health and Welfare Canada program cost share transferred to Camp Hill Medical Centre in 1989/90.

SYSTEMS, RESEARCH, AND PLANNING DIVISION

The Systems, Research, and Planning Division continued to provide a wide range of technical and professional services as highlighted below. The only organizational change was the transfer of responsibility for the Library to the Research and Statistics Section from Office Services.

Policy and Strategic Planning

The primary function of the Policy and Strategic Planning Section is to coordinate departmental strategic planning, program planning and health human resource planning initiatives. The section will also provide support to the Provincial Health Council and to the Regional Health Agencies with regards to coordinating provincial health policy and planning activities.

During the year the Policy and Planning Section was seconded to work with the Minister's Implementation Committee, resulting in a departmental implementation planning document entitled, *Health Strategies for the Nineties - Managing Better Health*. This included the background planning for ministerial task forces on nursing, physician policy development and primary care, which will be established in 1991.

The Health Human Resource Planning Section completed internal reviews on Physiotherapists, Audiologists and Speech Pathologists, Social Workers, Psychologists, and Psychiatrists, and on funding of Dalhousie Medical School. Currently the section is working towards developing a comprehensive provincial Health Human Resource Strategy as the basis for regional planning. This will include the development of a human resources information system with data on the supply, demand, and production of health professional groups. The first annual report on provincial health human resources is slated for release early in 1991.

ACTIVE REGISTERED PRACTITIONERS

Category	January 1990	January 1991	% change
Physicians	1,951	2,002	2.6
Dentists	420 *	427 *	1.7
Certified Nursing Assistants	3,269	3,316	1.4
Registered Nurses	9,846	9,850 **	0.0
Physiotherapists	316	323	2.2

Pharmacists	744	762	2.4
Dental Hygienists	295*	323 *	9.5

* As of April in 1990 and 1991

** Estimate (reporting system has changed)

Research and Statistics

The Research and Statistics Section is responsible for program evaluation, research, routine and ad hoc reporting from the Department's information systems, and the operation of the library.

Program Evaluation and Research Activities

Evaluation and research reports completed in this year include a report on suicide, a review of mental disorders admissions, a survey of smoking prevalence, a review of in-patient and day surgery procedures, a report on the feasibility study of the pre-natal smoking intervention program, an analysis of Nova Scotia mortality rates, and literature reviews on the effectiveness of occupational and physiotherapy services. In addition, staff assisted with the survey of knowledge, attitudes, and behaviours of students conducted by the Council on Health and Smoking and the preparation of the interim report of the Cancer 2000 Provincial Working Group.

Work in various stages of development and implementation include a review of the lens implant day surgery program at the Halifax Infirmary, a review of the Victoria General Hospital Hypersensitivity Clinic, and a review of the impact of the Community Health Promotion Fund. In addition, several health status reports are in various stages of completion. These include a review of the health status of all Nova Scotians, and specific reports on the health of women and on the health of children.

Statistical Reporting

Approximately 400 ad hoc reports were prepared from our information systems with an average response time of five working days. In addition, over 4,800 routine reports were produced and distributed to hospitals from our Admission/Separation System.

Systems and Data Processing

This section is responsible for the development and implementation of departmental computer systems, the coordination of systems

development by third parties, the acquisition and maintenance of computer equipment, the processing and maintenance of production systems including data control, medical and general coding, and the annual updating of the Long Range Systems Plan.

Systems Planning and Development Activities

The Hospital Admission/Separation System was redesigned to include Day Surgery records which are currently processed separately. Other major changes include allowing hospitals to submit data on tape rather than on forms, and streamlining the editing/maintenance processes to be less labour-intensive with the departmental minicomputer being used to generate many of the codes which were formerly entered manually. The scope of information being collected in the new system has been increased. The planned implementation date is October 1, 1991.

A preliminary analysis for a new Psychiatric Out-patient System was produced and approved. A Systems Architecture Report was then produced, and work began on the first release of the implementation. Several presentations of the concepts of the new system were made to clinics. Implementation will be phased in, beginning in January 1992.

Planning and design continued for a Home Care Information System. A multi-departmental committee prepared a requirements definition and then participated in the production of the System Architecture Report, which was awaiting approval at year end.

A Data General 2500DC minicomputer was purchased to replace the MAI 730 minicomputer for the Hospital Budgeting System and the Departmental Accounting System. Enhancements to the hospital budgeting system included the development of performance indicators, and changes to the system to conform to national accounting Management Information System (MIS) Guidelines.

Microcomputer initiatives included a food handlers database the for Western Health Unit, a dietetics database for the Institutions Division dietary consultant, a prenatal database for Cape Breton Health Unit, an energy consumption database for the Institutions Division, and an information release on the usage of the Infohealth database.

Data Collection and Processing Activities

Data forms are submitted to this section for both the Psychiatric Out-patient System and the Hospital Admission/Separation System.

Tapes are submitted for the Day Surgery system. Diskettes are submitted for the Community Health Nursing and Public Health Inspection systems.

The Psychiatric Out-patient System includes records on new patient registrations, and contacts by patients. Corrections to data are re-submitted to the system. The total number of registration forms submitted was 11,772. The number of contact forms submitted was 98,158. Both figures include corrections as well as original forms. A total of 57,959 cases for the year were represented by these figures.

The Hospital Admission/Separation System includes patient separations from both acute care and mental health hospitals. During the year, 194,462 separation forms were submitted, including corrections. The actual number of hospital stays was 158,577.

The total number of Community Health Nursing records processed, including corrections, was 390,634. The information processed by this system includes visits by community health nursing staff to homes, schools and other non-hospital facilities.

During the year, 54,489 forms, including corrections, were processed for the Public Health Inspection System. This system processes data on visits by inspectors to public facilities such as restaurants, swimming pools, and food processors, as well as all other activities carried out by the inspectors.

Health Records Consulting

Many steps were taken this year to improve the consistency and comparability of hospital data. Guidelines were developed on the extent of procedure coding required on the Admission/Separation system. The Coding Consistency Committee dealt with a number of coding problems and sponsored a workshop on neoplasm coding. Plans are under way for a fall workshop on obstetrical and newborn coding. More emphasis is being placed on the quality and timeliness of data for all systems. Health record departments are gradually moving toward electronic submission of data.

Procedures are now in place to combine the collection of day surgery data together with in-patient data. Discussions are also under way to coordinate the collection of common data elements between other systems, such as the Atlee Database and Cancer Registry.

Hospital coding has been standardized to the ICD-9-CM classification effective April 1, 1991. Prior to this, conversion training sessions were provided to health record staff throughout the province.

A number of hospitals were assisted throughout the year in planning registration and health record systems. Some of these include Camp Hill Medical Centre, Sacred Heart, Victoria County and Annapolis General.

A review and update of record retention in Diagnostic Imaging was done which resulted in a small change to the guidelines for film retention.

Hospital Computer Systems

The primary activities of this section were the provision of systems consulting services to health institutions, and the coordination of computer hardware and software installations, and software support services for these institutions. Support for financial systems continued to be supplied by local private vendors under a provincial contract, while a group operating out of the Dartmouth General Hospital provided support for the provincially licensed Patient Administration Software for the 13 hospitals using it.

Measurable progress was made in the implementation of provincially-licensed software to accommodate the national Management Information System (MIS) Guidelines for standardized hospital reporting, including Payroll and General Ledger in several regional and community hospitals. As part of the same MIS project, a "pilot" was completed successfully for automating nursing workload measurement. The Victoria General Hospital successfully implemented the major components of a MIS-compliant Financial Information System.

Progress was also made in implementing patient information systems. The Grace Maternity and Izaak Walton Killam hospitals advanced in their shared systems project, with the implementation of the last major components of their full-function Hospital Information System. The Victoria General Hospital and Camp Hill Medical Centre also moved forward with shared information systems. They cooperated in the implementation of a Dietary Management System, and jointly selected a major Laboratory Information System.

VITAL STATISTICS DIVISION

The function of this division is to carry out the administrative and clerical duties required in the administration of the Vital Statistics Act, to provide vital statistical data from the records filed under this statute as the need arises, and to assist in the compilation and analysis of morbidity and mortality statistics for the Department.

A total of 395 copies of order for adoptions were received and filed, with the notation of the adoptions completed on the birth records of the adopted persons. Re-registration of adoptions numbered 286.

During the year, notations completed on records totalled 1,696; of these, 692 were charged fees. A total of 209 legitimation procedures were completed.

Questioning informants regarding missing or obviously incorrect information on current registrations resulted in a total of 3,008 queries from the office.

The division received 45,699 letters, with outgoing letters of inquiry totalling 43,156.

Changes of name completed under the Change of Name Act totalled 371 for the year, with 310 duplicate Change of Name certificates being issued.

Clergymen of all denominations newly registered under the Solemnization of Marriage Act to perform marriages in the province totalled 290. Clergymen whose names were removed from the Clergymen's Register during the year numbered 114.

The number of counter applications used for services was 19,313.

Delayed registrations of birth, or registrations completed more than one year following the date of birth, were completed and filed for 372 persons.

Registrations of current vital occurrences were filed as follows:

Births	12,799
Deaths	7,464
Stillbirths	76
Marriages	6,373

These represent the actual number of registrations of these events filed and may differ slightly from the final vital statistics tables where the figures are stated by place of residence.

Certificates issued from the records during the year are as follows:

1990	
Type of Certificate	Total
All Certificates	45,883
Birth (Short Form)	0
Birth (Long Form)	2,723
Birth (Wallet-Size)	36,725
Death (Short Form)	1,419
Death (Long Form)	439
Marriage (Short Form)	0
Marriage (Long Form)	1
Marriage (Wallet-Size)	1,470
Photocopies	3,106

Searches of records for which a count was maintained totalled 46,237. Many hundreds of searches made to verify information for other government departments, and others where authority exists to do this work without charge, are not counted.

Because tabulations of details from the records of vital occurrences for the year 1990 cannot be completed until after this report will have been printed, specific causes of death and other detailed data cannot be included here. Such details will be available at a later date directly from the Deputy Registrar General, P.O. Box 157, Halifax, Nova Scotia, B3J 2M9, or from Vital Statistics Section, Statistics Canada, Ottawa.

PERSONNEL DIVISION

In 1990-91 the Department added a net of 13 positions to the establishment with an estimated cost increase of $423,138 (see Tables 1 and 2). There were 63 approved vacancies in 1990-91, compared to 40 in 1989-90. During the year, 132 people were appointed on a casual basis to replace staff for reasons such as maternity leave and fill-ins for vacant positions for periods of time. This is an increase of five from the previous year.

The Department, in cooperation with the Civil Service Commission, provided 58 employees with short course training in such areas as pre-retirement planning, supervisory techniques, and developmental courses for secretarial staff.

Four employees retired from the Department of Health and Fitness during the year with an average of 31 years of service per employee. They were:

Naomi Judah	–	Community Health Nurse, Atlantic Health Unit
Annabel Nickerson	–	Supervisor, Community Health Nursing, Atlantic Health Unit
Genevieve Smith	–	Clerk, Finance Division
Vivian Whynott	–	Secretary, Lunenburg/Queens Health Unit

TABLE 1
ESTABLISHED POSITIONS

	March 31/90	March 31/91
Field CHNs and CNAs	208	208
Inspectors	68	68
Engineers	9	9
Dentists	2	3
Dental Assistants	1	1
Dental Hygienists	23	22
Nutritionists	11	12
Clerical	159	160
Consultants, Technical, and Administration	106	108
Maintenance	1	1
Home Care Program	61	70
TOTAL	649	662

TABLE 2
ESTABLISHMENT CHANGES WITH ESTIMATED DOLLAR VALUE
April 1, 1990 - March 31, 1991

	POSITIONS		ESTIMATED COST	
	Added	Deleted	Added	Deleted
Medical Staff (MS,DPP)	1	0	31,882	0
Professional Management (MCP,OIC)	2	1	118,075	52,768
Professional & Technical (PR, TE, HSB)	1	0	29,971	0
Clerical (CL)	1	0	22,715	0
Nursing (HSN, HSA)	0	0	0	0
Inspection (TE)	0	0	0	0
Nutrition (PR)	1	0	41,460	0.
Dental (TE, HSB)	0	1	0	33,939
Maintenance (MOS)	0	0	0	0
Home Care Program	9	0	265,742	0
TOTAL	15	2	509,845	$86,707
NET ADDED	13	0	$423,138.	

TABLE 3
VACANCIES

	April 1, 1989 to March 31, 1990	April 1, 1990 to March 31, 1991
Consultants, Technical, and Administration	10	8
Training Positions	1	0
Nursing	12	29
Engineering (Inspection)	4	5
Dental	2	1
Nutrition	1	1
Clerical	10	19
TOTAL	40	63

TABLE 4
APPOINTMENTS AND SEPARATIONS

	APPOINTMENTS		SEPARATIONS	
	April 1/89 to Mar 31/90	April 1/90 to Mar 31/91	April 1/89 to Mar 31/90	April 1/90 to Mar 31/91
Deputy Minister's Office (including Personnel Division and H.S.I.C.)	5	3	0	1
Health Care Institutions	6	4	6	0
Finance Division	1	3	3	1
Systems, Research, and Planning	4	1	0	1
Psychiatric Division	2	1	2	1
Community Health Administration (Central Office and Health Units)	12	14	5	7
Nursing Services	8	3	4	5
Engineering Division (Engineers and Inspectors and Occupational Health)	1	1	2	3
Dental Division	4	0	0	1
Nutrition Services	2	0	0	0
Vital Statistics	3	1	1	2
Home Care Program	23	12	1	1
TOTALS	71	43	24	23

LEGAL COUNSEL

A member of the Department of the Attorney General has been assigned to and physically located in the Department of Health and Fitness since October 1978. Responsibilities of Legal Counsel include direct responsibility to the Minister and Deputy Minister of Health and Fitness on all matters in the health field. Advice to the Department is given through senior staff officials on administrative, policy, and legal matters in the areas of community and environmental health, health manpower (including regulation of health disciplines), operation of general hospitals, operation of psychiatric hospitals and mental health centres, and the Hospital Insurance Plan.

Legal Counsel deals on a regular basis with hospitals throughout Nova Scotia, especially in situations involving a hospital and the Department of Health and Fitness. Considerable time is spent in the interpretation and application of statutes and regulations in the health care field, the review of hospital by-laws, the drafting of legislation, in-service legal education and preparation of contracts, regulations, and other documentation for consideration by the Executive Council, Policy Board, and Management Board.

The Legal Counsel also acts as legal adviser to the Nova Scotia Commission on Drug Dependency, the Division of Vital Statistics, the Victoria General Hospital, and the Nova Scotia Hospital.